

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>10/088791</b>		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1		1				51		
2		1		1			52		
3		2		1			53		
4		0		1			54		
5		0		1			55		
6		0		1			56		
7		0		1			57		
8		0		1			58		
9		0		1			59		
10	1		1				60		
11		1		1			61		
12		1		1			62		
13		2		1			63		
14		0		1			64		
15		0		1			65		
16		0		1			66		
17		0		1			67		
18		0		1			68		
19		0		1			69		
20		0		1			70		
21		0		1			71		
22			1				72		
23				1			73		
24				1			74		
25			1				75		
26				1			76		
27				1			77		
28				1			78		
29							79		
30							80		
31							81		
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37							87		
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39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL O.							TOTAL IND.		
TOTAL P.							TOTAL DEP.		
TOTAL AIMS							TOTAL CLAIMS		